



*City of Fairfax*  
*Fire Department*  
*Office of Code Administration*  
10455 Armstrong St #208  
Fairfax VA 22030  
703-385-7830/fax 703-385-9265

## **Building/Tenant Plan**

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip \_\_\_\_\_ Suite \_\_\_\_\_ Floor \_\_\_\_\_

Submitting Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Runner: \_\_\_\_\_

Name of Design Architect or Engineer: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Name of Designer: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Purpose of Space: \_\_\_\_\_

Scope of Tenant Work: \_\_\_\_\_

Hazardous Materials: Combustible Liquid \_\_\_\_\_ Flammable Liquid \_\_\_\_\_ Other \_\_\_\_\_

Tenants Per Floor: Single \_\_\_\_\_ Multiple \_\_\_\_\_ Use Group (IBC) \_\_\_\_\_

Use Group of Building (IBC): \_\_\_\_\_ Type of Construction \_\_\_\_\_

Number of Stories in Building: \_\_\_\_\_ USBC\_VA (Base Bldg) Year \_\_\_\_\_

Hi-Rise Building: Yes \_\_\_\_\_ No \_\_\_\_\_ Fire Control Room: Yes \_\_\_\_\_ No \_\_\_\_\_

Gross Floor area per Floor: \_\_\_\_\_ Tenant Space Sq Ft: \_\_\_\_\_

Sprinklers: Yes \_\_\_ No \_\_\_ Partial \_\_\_ Fully \_\_\_ Fire Alarm System: Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_

Monitoring by an approved central station: Yes \_\_\_\_\_ No \_\_\_\_\_

Alarm Company \_\_\_\_\_ Certificate Date \_\_\_\_\_

Standpipes: Yes \_\_\_\_\_ No \_\_\_ If yes, provide location on plan \_\_\_\_\_

Fire Resistance Design #: Corridor: \_\_\_\_\_ Floors: \_\_\_\_\_ Roof: \_\_\_\_\_ Tenant Walls: \_\_\_\_\_